

Immediate Action Expectation Reporting
Prepaid Dental Health Plan - Los Angeles
December 2012 Stakeholder Meeting Report

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Dental Plans Reporting

Access Dental Plan
Care 1st Dental Plan
Health Net Dental Plan
LIBERTY Dental Plan
Safeguard Dental Plan
Western Dental Plan

Next Reporting Due Date

December 2012 Immediate Action Reporting DUE Jan 7, 2013
November 2012 Utilization Reporting DUE Jan 22, 2012

Questions about reporting please email:

dentalmanagedcare@dhcs.ca.gov

TABLE 1

Plans are expected to develop and distribute a beneficiary letter that provides information on the benefits available, a short narrative on the importance of dental care for children, and information on their assigned primary care dentist, including office location and telephone number. The letter should also include the plan's contact information as well as contact information for Medi-Cal Dental Managed Care. It is expected that the plans send two separate letters for the 0-5 year old members and the 6-21 year old members. The 0-5 year old letter should be developed and worked on in coordination with First 5. This table reflects the results of the letters.

Beneficiary Letter Campaign - November	Access		Care 1st		HealthNet		LIBERTY		Safeguard		Western	
Total calls received referencing letter/flyer	116		8		23		7		N/A		0	
Appointments Set	2		1		1		0		N/A		0	
Other Info Given/Questions Answered	114		7		18		6		N/A		0	
Grievances/Complaints Received	0		0		0		1		N/A		0	
Total # of Undeliverable Mail	2,671	3%	186	2%	898	3%	952	15%	N/A	N/A	524	2%
Total number mailed	89,127		10,741		31,781		6,512		19,636		27,821	

NOTES:

Access - Mailing of Plan Brochure completed July 2012

Care 1st - Mailing of Plan Brochure completed August 2012

LIBERTY - Mailing of Plan Brochure completed August 2012

Safeguard - Mailing of Plan Brochure completed August 2012

Western - Mailing of Plan Brochure completed July 2012

Report is a roll-up of data since the beginning of the Beneficiary Letter Campaign.

If a section is marked n/a it means the plans did not capture information during reporting period or information not available

December data is due to DHCS 1-7-13.

Updated with 12-5-12 plan data submissions.

JP Updated 12-5-2012

TABLE 2

Plans are expected to conduct a phone call campaign that will involve making a phone call to beneficiaries who have not been seen by their primary care dentist in the last year. The purpose of the call will be to set up an appointment for the beneficiary with their primary care dentist. In addition, the beneficiary should be educated on their right to timely access to care and what to do in situations where the beneficiary is having trouble accessing services. This table reflects the results of the phone calls that were made in the reporting month. Once the initial campaign is over the total results will be reported.

Outbound Call Campaign - November	Access		Care 1st		Health Net		LIBERTY		Safeguard		Western	
# of Eligible (0-20) for month reporting	101,247		10,614		31,760		12,570		9,838		26,646	
# of Calls Made	34,110		1,549		8,642		3,204		N/A		33,068	
Wrong # and/or Phone # Out of Service	1,271	4%	197	13%	1,308	15%	497	16%	N/A	N/A	1,927	6%
Appt Scheduled	2,465	7%	180	12%	785	9%	81	3%	N/A	N/A	1,200	4%
Left Message	8,312	24%	636	41%	3,611	42%	1,451	45%	N/A	N/A	23,540	71%
Member Declined	5,343	16%	213	14%	1,089	13%	543	17%	N/A	N/A	0	0%
Member Hung Up	8,470	25%	213	14%	972	11%	543	17%	N/A	N/A	0	0%
No Answer	2,178	6%	323	21%	1,583	18%	632	20%	N/A	N/A	1,558	5%

NOTES:

All calls made were to beneficiaries under 21 who had not had an appointment within the last 12 months.

Safeguard is not performing a Call Campaign for their members.

If a section is marked n/a it means the plans did not capture information during reporting period or information not available

Report is a roll-up of data since the beginning of the Beneficiary Letter Campaign.

BEST PRACTICES:

- The Customer Service Representative (CSR) was able to provide focused/ one-on-one assistance for members who had concerns and needed appointments.
- CSRs were able to educate the members with small children regarding 1st birthday/1st tooth and the importance of the dental home.
- Bilingual representatives to make the calls.
- Making calls during the day, rather than after hours, was helpful when conducting 3-way calls to schedule appointments with dental offices.
- Developing scripts for the CSRs to follow when introducing the subject to the member.
- Following up with members, who were initially unavailable, helped to increase utilization.

December data is due to DHCS 1-7-13.

JP Updated as of 12-5-12

Updated with 12-5-12 plan data submissions.

TABLE 3

Plans are expected to develop an incentive program for providers. Performance measures should be defined by the Plan, and based on the percentage of your assigned members that actually receive services. Plans should include in the incentive program a specific measure for preventative services. The program should apply to all enrolled Medi-Cal children (ages 0-21 years) assigned to the plan. Plans are expected to review provider encounter data to identify beneficiaries that have not been seen in their dental office in a year. Plans are expected to halt all new enrollments for a provider who does not meet certain thresholds of utilization. This table reflects the summary results of the monthly provider utilization and the actions taken.

Pay for Performance Summary - October	Access	Care 1st	HealthNet	LIBERTY	Safeguard*	Western
Total Provider Offices:	233	104	288	189	N/A	103
# of Provider Offices 4.0% or Above:	167	35	96	66	N/A	39
% of Total Provider Offices:	71.6%	33.7%	33.3%	34.9%	N/A	37.9%
# of Providers between 3.33% - 4.0%	9	1	10	0	N/A	4
% of Total Providers	3.8%	1.0%	3.5%	0.0%	N/A	3.9%
# of Provider Offices Below 3.33%:	57	68	182	123	N/A	60
% of Total Provider Offices:	24.4%	65.4%	63.2%	65.1%	N/A	58.3%
# of Provider Offices on Corrective Action Plan:	0	0	0	0	N/A	0
# of Provider Offices Under Review:	57	19	65	41	N/A	9
# of Provider Offices w/closed enrollment:	0	1	8	70	N/A	0
# of Provider Offices w/ reinstated enrollment:	0	N/A	N/A	N/A	N/A	0

*SafeGuard will not be participating in Pay for Performance reporting.

NOTES:

"Providers" reflects provider offices.

Percentages (%) are stand alone monthly utilization percentages.

November data is due to DHCS 1-22-13.

JP Updated as of 12-20-12

Updated with 12-20-12 plan data submissions.

% of Provider Offices at 4% Utilization or Above					
Month	PHP Dental Plans				
	Access	Care1st	Health Net	LIBERTY	Western
Jun	45	36	51	71	42
Jul	57	36	40	30	43
Aug	76	34	36	74	54
Sep	64	37	46	34	47
Oct	72	34	33	35	38

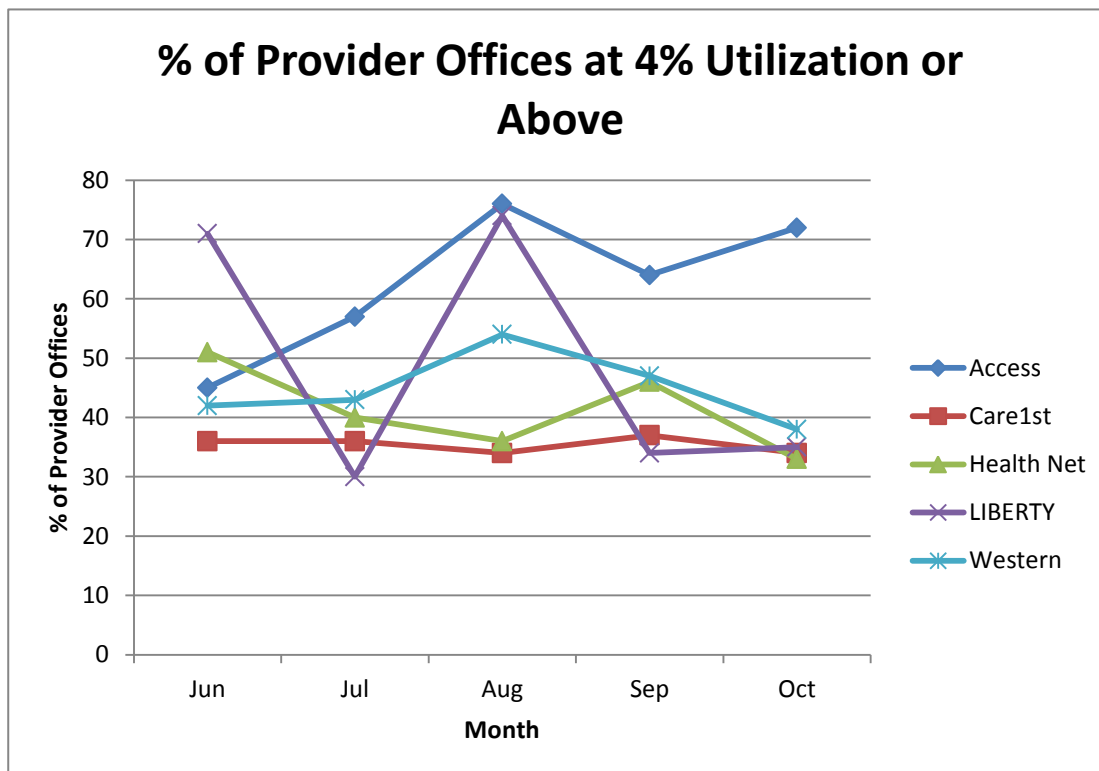


TABLE 4

Plans should create an outreach campaign to increase provider and specialist enrollment into the DMC program. This table reflects the monthly results of that outreach campaign.

Provider & Specialist Enrollment - November	Access	Care 1st	HealthNet	LIBERTY*	Safeguard	Western
Total # of General Providers Enrolled:	652	218	658	1,354	475	447
New General Providers Enrolled:	32	0	14	651	8	9
Total General Providers Disenrolled:	30	3	0	37	9	0
Total # of Specialists Enrolled:	450	70	70	70	213	946
New Specialists Enrolled:	5	10	10	10	4	9
Total # of Specialist Disenrolled:	4	6	6	6	4	1

*LIBERTY Provider and Specialist Enrollment includes Community Dental Plan and American Health Guard.

December data is due to DHCS 1-7-2013.

JP updated as of 12-5-2012

Updated with 12-5-12 plan data submissions.

TABLE 5

Plans are expected to conduct educational seminars for both providers and providers' staff. Plans are expected to educate their provider community because it has come to the attention of the department that some providers are not in line with all Medi-Cal Dental policies. In addition, because of the low utilization DHCS wants to ensure providers are aware of the requirements to treat assigned members. This table reflects the dental plans monthly summary of educated provider offices.

Provider Education November	Access	Care 1st	Health Net	LIBERTY	Safeguard	Western
# Of Providers Educated	71	89	89	89	In Progress	15
Provider Concerns	The providers are concerned that the 48% utilization is still not practical considering the no show rate that the program experiences. They are calling patients to get them scheduled and even when they are able to get a hold of them, the patients are scheduled but do not show.	Providers are concerned with the impact on their offices with the Healthy Families transition and Western Dental no longer contracting for Dental Managed Care.	Providers are concerned with the impact on their offices with the Healthy Families transition and Western Dental no longer contracting for Dental Managed Care.	Providers are concerned with the impact on their offices with the Healthy Families transition and Western Dental no longer contracting for Dental Managed Care.	In Progress	Member no shows; no response to provider outreach efforts.
Educational Materials and Education Strategy	Appointment accessibility was reviewed. Wait time in the office and operator were reviewed. Reviewed and discussed importance of encounter submission possibly on a weekly basis. Discussed utilization requirements and the importance of follow up on broken/missed appointments. Collected average percentage of no show appointments and discussed ways to possibly reduce the amount of no shows. Discussed and reviewed changes in compensation for 2013 benefit year and the implementation of the penalty withhold. Also reviewed and discussed the Q3 P4P results.	Conducted on-site orientations for new Geographic Dental Managed Care (GMC) Providers to review GMC and Federally Required Adult Dental Services (FRADS). Provided Denti-Cal Guidelines Books to new GMC Providers.	Conducted on-site orientations for new Geographic Dental Managed Care (GMC) Providers to review GMC and Federally Required Adult Dental Services (FRADS). Provided Denti-Cal Guidelines Books to new GMC Providers.	Conducted on-site orientations for new Geographic Dental Managed Care (GMC) Providers to review GMC and Federally Required Adult Dental Services (FRADS). Provided Denti-Cal Guidelines Books to new GMC Providers.	In Progress	Healthy Families Program transition; Language Assistance Program; Utilization Expectations.

December data is due to DHCS 1-7-13
Updated with 12-5-12 plan data submissions.

JP Updated as of 12-5-12

TABLE 6

FQHC's and Dental Clinics in Los Angeles County	# FTE	Access	Care 1st	Health Net	LIBERTY	SafeGuard	Western
Alta Med Medical and Dental Group - Bell	4						
Alta Med Medical and Dental Group - Boyle Heights	3						
Alta Med Medical and Dental Group - El Monte	1						
Antelope Valley Community Clinic Health and Wellness Center	n/a						
Arroyo Vista Family Health Center - Highland Park	4						
Arroyo Vista Family Health Center - Lincoln Heights	4						
Chinatown Service Center Family Health Clinic	1						
Clinica Monsenor Oscar A. Romero - Boyle Heights/East LA	n/a						
Clinica Monsenor Oscar A. Romero - Pico-Union/Westlake	n/a						
Community Health Alliance of Pasadena	n/a						
Comprehensive Community Health Centers, Inc. - Glendale	3						
Comprehensive Community Health Centers, Inc. - Eagle Rock	1						
East Valley Community Health Center	4						
Eisner Pediatric and Family Medical Center	4						
El Proyecto Del Barrio, Inc. - Canoga Park	1						
Herald Christian Health Center	n/a						
JWCH Institute, Inc. - Medical Clinic/Weingart Center	n/a						
Los Angeles Christian Health Centers	n/a						
Pico Aliso Community Clinic	n/a						
M.E.N.D	0						
Mission City Community Network, Inc.	n/a						
Northeast Valley Health Corporation - Van Nuys	n/a						
Northeast Valley Health Corporation - Sun Valley	n/a						
Northeast Valley Health Corporation - San Fernando	n/a						
QueensCare Family Clinic - East LA	2						
QueensCare Family Clinic - Eastside	1						
QueensCare Family Clinic - Eagle Rock	1						
QueensCare Family Clinic - Echo Park	1						
QueensCare Family Clinic - Hollywood	1						
Queens Dental Group - West Covina	3						
South Bay Family Health Care Center - Redondo Beach	n/a						
South Bay Family Health Care Center - Gardena/Harbor Gateway	n/a						
St. Anthony Medical Centers - Hollywood	1						
St. Anthony Medical Centers - Pico	1						
St. John's Well Child & Family Center - Lincoln High	1						
St. John's Well Child & Family Center - Compton	2						
St. John's Well Child & Family Center - East Compton	1						
St. John's Well Child & Family Center - Hyde Park Elementary	1						
St. John's Well Child & Family Center - Magnolia	2						
St. John's Well Child & Family Center - Dr. Louis	2						
The Saban Free Clinic - Hollywood Wilshire Health Center	n/a						
The Saban Free Clinic - Beverly Health Center	n/a						
Valley Community Clinic	n/a						
Venice Family Clinic - Colen Family Health Center	n/a						
Venice Family Clinic - Simms/Mann Health and Wellness	n/a						
Venice Family Clinic	n/a						
Watts HealthCare - Dental	5						

Notes:

FTE - Number of Equivalent Full Time Providers

n/a - information was not captured during reporting period

Reached Out (contacted)

Currently Enrolled

JP updated as of 11-30-12

TABLE 7

Plans are expected to submit monthly timely access reports to monitor the access and availability with each contracted dental office to ensure the provider network meets or exceeds the access standards. This table reflects plans summary data for the month reporting. Timely Access Reporting is typically annual however in order to monitor the dental plans monthly they report the information for the providers surveyed in that month.

Timely Access Report Summary - October		Access	Care 1st	HealthNet	LIBERTY	Safeguard	Western
Month Total Enrollee Count:		122,685	16,916	60,259	20,759	18,433	45,814
Month Total Under 21 Enrollee Count:		104,455	10,651	31,777	12,571	9,838	26,646
Month Total Over 21 Enrollee Count:		18,230	6,265	28,482	8,188	8,595	19,168
Avg # of Days to Schedule	Initial Appt:	6	10	8	7	7	8-14
	Routine Appt:	7	10	8	8	7	8-14
	Preventive Appt:	6	10	8	8	7	8-14
	Emergency Appt:	1	1	1	1	1	1
% of No Show Appt:		40%	45%	45%	45%	N/A	60%
Are Interpreter Services Available:		Yes	Yes	Yes	Yes	Yes	Yes
Answering Services Available:		Yes	Yes	Yes	Yes	Yes	Yes
Avg. Ratio of Member to Primary Care Dentist for under 21 ONLY:		82	51	51	19	21	N/A
Total # of Members who are assigned to a PCD who is more than 30 min. or more than 10 miles from their		760	0	0	0	179	372
# of Routine Authorizations Received (under 21)		132	100	359	131	34	42
% of Routine Authorizations Approved	Within 5 business days	100%	100%	100%	99%	N/A	100%
	Within 10 business days	100%	0%	0%	1%	58%	100%
	Outside of 10 business days	0%	0%	0%	0%	7%	0%
Total Claims Received (under 21)		6,976	496	2,035	527	773	76
% Claims Paid	Within 90 days	100%	100%	100%	100%	100%	100%
	Outside of 90 days	0%	0%	0%	0%	0%	0%
Specialist Referrals for the Month (under 21)	Received:	185	85	307	118	76	58
	Approved:	144	78	276	108	59	52
	Denied (clinical):	3	3	3	1	N/A	4
	Denied (administrative):	38	75	28	9	17	1
	Completed:	11	72	231	53	N/A	57
	Expired:	107	3	11	8	N/A	9

LEGEND:

n/a means the plan did not capture this information during the reporting period

NOTES:

•Specialist Referrals expire after 90 days from date of issue with the exception of Western (45 days). There are always exceptions for extensions.

JP Updated as of 12-5-12

November data is due to DHCS 1-7-13

Updated with 12-5-12 plan data submissions.